

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-679)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	DEP.	NO.	DEP.	NO.	DEP.		NO.	DEP.	NO.	DEP.	NO.	DEP.
1	1						61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
9							69						
10							70						
11							71						
12							72						
13							73						
14							74						
15							75						
16	1						76						
17							77						
18							78						
19							79						
20							80						
21							81						
22							82						
23							83						
24	1						84						
25							85						
26							86						
27							87						
28							88						
29							89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37	1						97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46	1												
47													
48													
49													
50													
TOTAL NO.	5						TOTAL NO.						
TOTAL DEP.	41						TOTAL DEP.						
TOTAL	46						TOTAL						